

CHARLES COUNTY PUBLIC SCHOOLS

Office of Student Services

**Please Type Or Print**

Data Clerk:  
Child Tagged in Computer  
Yes ☐ No ☐

Agency Placement - Qualifies for  
Out-of-County Tuition Recapture

Yes ☐ No ☐ Code \_\_\_\_\_  
School ID# \_\_\_\_\_

Signature of Student Services Director \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FOR REQUEST TO ENROLL NONRESIDENT STUDENT**

1. Last Name of Child \_\_\_\_\_ First Name of Child \_\_\_\_\_
2. Last School, City, State \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Student I.D. \_\_\_\_\_ Grade Placement for School Year of Application \_\_\_\_\_
4. Name of Birth Mother \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Name of Father \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Parental rights Terminated? ☐ Yes ☐ No
7. Marital Status of Parents: (Circle One) Married/Divorced/Separated/Deceased/Other
8. Has a court awarded guardianship/custody to ☐ Mother ☐ Father ☐ Both ☐ Other (Not Foster Parents)

Name \_\_\_\_\_ Address \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**COPY OF COURT ORDER AND BIRTH CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.**

9. If custody has not been awarded, with whom does the child live when not in a foster care home or residential facility?  
☐ Mother ☐ Father ☐ Other \_\_\_\_\_
10. Is this child receiving special education services? Yes ☐ NO ☐ **IEP MUST BE ATTACHED.**
11. Agency with Order of Care CFSA  
Address of Agency 400 6th St, SW City/County Washington State DC Zip 20024  
Social/DJJ/Worker(Print) \_\_\_\_\_ Supervisor's Name (Print) \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Supervisor's Telephone \_\_\_\_\_
12. Contractual Service Provider \_\_\_\_\_  
Address \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Case Worker (PRINT) \_\_\_\_\_  
Residential ☐ Yes ☐ NO Telephone \_\_\_\_\_ Fax \_\_\_\_\_
13. Has the student been institutionalized, hospitalized, or in DJJ placement since the last school placement? \_\_\_\_\_  
Where \_\_\_\_\_ Date \_\_\_\_\_
- |                 |                         |                 |                                      |
|-----------------|-------------------------|-----------------|--------------------------------------|
| Foster Family   | Group Home (Circle One) | Guardian        | Surrogate(IEP Purposes) (Circle One) |
| Name _____      | Name _____              | Name _____      | Name _____                           |
| Address _____   | Address _____           | Address _____   | Address _____                        |
| Zip Code _____  | Zip Code _____          | Zip Code _____  | Zip Code _____                       |
| Telephone _____ | Telephone _____         | Telephone _____ | Telephone _____                      |
| Home            | Work                    | Home            | Work                                 |
- Circle One: Walker/Regular Bus/Special Education bus
- ★ Charles County Home School
- ★ Signature of Social/DJJ Worker \_\_\_\_\_ ★ Person Directly Responsible to the Court \_\_\_\_\_ ★ Date \_\_\_\_\_

Copies to: Office of Student Services, Student File. IEP Facilitator (if Sp.Ed) School Out-of-County Master File

**THE STUDENT CANNOT BE ENROLLED IN CCPS UNTIL THIS DOCUMENT HAS BEEN PROCESSED**

KK:bakG:FosterChildApplication.8.3.07